**Today’s Date:***Click here to enter today’s date.*

**Time of Referral:** *Please insert time of referral using 24hr clock.*

To whom it may concern:

**RE: Insert Patient Name**, **Insert DOB**, **Insert NHS No**

**Address:** *Click or tap here to enter text.*

**Postcode:** *Click or tap here to enter text.*

**COVID Status:** *Choose an item.*

**Patient height:** *Please insert height here.*

**Patient weight:** *Please insert weight here.*

Thank you for accepting to take over the care of the above patient. Please find below a summary of the admission to date.

**Referring hospital:** *Enter discharging critical care unit.*

**Date of Admission to Hospital:** *Click or tap to enter a date.*

**Date of Admission to Critical Care:** *Click or tap to enter a date.*

**Referring consultant name:** *Enter name of referring consultant.*

**Contact number (consultant):** *Enter the direct consultant telephone number.*

**Patient location:***Enter area / bed space number.*

**Contact number (unit/ward):** *Enter telephone number of discharging hospital.*

**Access:** *What is the best entrance for ITU access? Provide additional directions if required.*

**Receiving hospital:** *Enter receiving critical care unit.*

Receiving consultant: *Enter name of receiving consultant.*

**Contact number (unit/ward):** *Enter telephone number of receiving hospital.*

**Contact number (consultant):** *Enter the direct consultant telephone number.*

**Access:** *What is the best entrance for ITU access? Provide additional directions if required.*

**History of Presentation & Summary of Critical Care Stay:**

*Please provide a synopsis of admission to date including: date of admission to hospital, presenting symptoms, progression of disease, date of admission to intensive care, clinical progression in intensive care, date of intubation etc.*

**Past Medical History:**

*Please outline the patient’s medical history (including surgical history where relevant).*

**Allergies:**

*Please include details of allergies / intolerances.*

**Regular Medications:**

*Please list all regular medications, and annotate those that have been commenced or discontinued during this admission. What drugs have been used specifically for COVID-19 treatment?*

**Significant Microbiology Results:**

MRSA status: *Choose an item.*

CPE status: *Choose an item.*

VRE status: *Choose an item.*

ESBL status: *Choose an item.*

**Resuscitation Status:**

*Please include DNACPR status, agreed escalation limitations, and any relevant conversations regarding ongoing or end of life care.*

**Relatives / Next of Kin:**

*Please list the next of kin & their contact details.*

*Have any important discussions taken place and, if so, when?*

*Is there a ‘lead’ spokesperson through whom all updates should be passed?*

**Are the relatives aware of the transfer?:** YES [ ]  NO [ ]

**Current Status:**

|  |  |
| --- | --- |
| **Airway** | Patent / own [ ]  Intubated [ ]  Tracheostomy [ ] Laryngoscopy: *Select grade of laryngoscopy.*Intubating aids: *Please describe, eg. BURP, Bougie, VL, FOI etc*ETT size: *Choose an item.*ETT depth: *Where is it tied or fixed at in cm?*Tracheostomy: *Make? Size? Surgical vs Percutaneous? Complications?* Insertion: *Date*Any other relevant information: *Click here to enter text.* |
| **Breathing** | Type of support: *Choose an item.*Last 24-hours: *Have there been any significant changes? Weaning?*Current FiO2 & SpO2: *Please insert FiO2 & SpO2.*Trajectory of FiO2 over last 24hrs: *Select best description of trajectory.* Any other relevant information: *eg. Chest drains?*Has the patient been proned?: YES [ ]  NO [ ] Proning information: *How many times? When were they last proned / de-proned? Any issues with proning?* |
| **Circulation** | Unsupported [ ] Stable [ ] Unstable [ ] CPR / Defib [ ]  | Metaraminol [ ] Phenylephrine [ ] Noradrenaline [ ] Vasopressin [ ]  | Adrenaline [ ] Dopamine [ ] Dobutamine [ ] Milrinone [ ]  | GTN [ ] Labetalol [ ] SNP [ ] Amiodarone [ ]  |
|  | Rates: *Please outline the rates of each infusion here, in free text.*Trajectory: *Select best description of inotropic trajectory from this list.* |
| **Disability** | Sedative 1: *Choose sedative.* Sedative 2: *Choose sedative.*Opiate: *Choose opiate.*Paralysis: *Choose muscle relaxant.*Pupils: *What size are they? Equal & reactive? Blown?*GCS: E *Choose an item.* V *Choose an item.* M *Choose an item.*CBG: *Any blood sugar issues? Are you on insulins?* |
| **Exposure** | Does the patient need, or have they required, RRT? *Choose an item.*If yes, when was it last given? *Choose an item.*Any bony injuries / fractures? *Please outline locations and management.* |
| **Micro** | COVID status: *Choose an item.* Date of last COVID test: *Enter date.*MRSA status: *Choose an item.*MDR bacteria: *eg. ESBL, CPE, TB etc.*Antibiotics: *Which drugs, indications, duration etc?*Notable results: *Any positive cultures etc?* |
| **Lines/Drains** | Peripheral: *Locations & sizes?*Central: *Location, type, and insertion date.*Arterial: *Location, type, and insertion date.*Drains: *Locations, type, and insertion dates.*Urinary Catheter: *Select type.* Date inserted: *Click here to enter a date.* |
| **Investigations** | CXR: *Any notable findings on most recent CXR?*CT: *Which parts have been imaged? Have images been linked?*Echo: *Please include results of formal or bedside imaging.*Other: *Has any other imaging been performed?* |

**Specialty Involvement**

*Please outline which specialties have been involved in this patient’s care. If no other specialties have been involved, please insert ‘Nil’.*

*Which specialties have ongoing input into care after discharge from your unit?*

*Are there any plans in place that need to be continued?*

*If you have been in contact with a tertiary specialty at another hospital for advice, please state the name of the hospital, the individual and their contact details (eg. Bleep).*

**ACCOTS Coordinating Consultant Comments**

*Please leave this box blank for use by the ACCOTS Coordinating Consultant.*